When this form is completed, signed by the affiant and notarized, it will be used as evidence in the matter in caption. Please typewrite or print the information called for in the blanks.

BEFORE THE NEBRASKA PUBLIC SERVICE COMMISSION

In 		oplication No oplement No		
ΑF	AFFIDAVIT OF SUPPORTING SHIPPER			
	State of) ss.			
С	County of) ss.			
	(Name of Affiant)	being duly sworn deposes and says:		
1.	Affiant is authorized to support the applicant in caption on beh	alf of		
	(Full name of Supporting Shipper)			
	(ADDRESS: Street, Route, P.O. Box) (City)	(State) (Zip Code)		
2.	2. Affiant's business title or occupation is:			
3.	Affiant has known applicant approximately months	year,		
4.	Affiant is familiar with and supports the application filed by the applicant for authority to operate as a motor carrier of property/passengers for hire in Nebraska intrastate commerce.			
5.	Affiant is* is not * associated with any business in which the applicant is engaged. (If your answer is positive, please explain)			
6.	Affiant does* does not* owe any financial obligations to the applicant. (If your answer is positive, please explain giving amount)			
7.	If this application is granted in full, affiant would use the motor carrier services which the applicant would be authorized to provide			
8.	8. The property/passengers which affiant intends to tender to the	applicant to transport are:		
9.	 Affiant will require service from applicant in the following territorif possible): 	ry (State origin and destination points		

10.	If this application is granted, affiant will require the applicant's motor carrier services approximately (State frequency of service affiant will require, seasons, etc.)
11.	Affiant classifies the reputation of applicant as:
12.	Affiant is*, is not* acquainted with the condition of the motor vehicle equipment which the applicant intends to use in the proposed motor carrier operations. (If answer is positive, give opinion on suitability of applicant's equipment.) The equipment is
13.	Affiant is using the transportation services of other carriers to the following extent
	*Delete the term that does not apply
14.	The transportation services of other carriers is inadequat because
15.	The proposed transportation services of applicant would be more satisfactory than the transportation services offered by other carriers for the following reasons:
	(If affiant has anything further to add in support of this application, please do so in the space provided below.)

	(Signature)				
Subscribed and sworn to before me this	day of	, 20			
	Nota	nry Public			
When foregoing affidavit has been completed, it should be filed with: Nebraska Public Service Commission					
	Motor Transp	oortation Department			
	P.O. box 949	27			
	Lincoln, NE 6	8509-4927			